

# The MT Laboratory Sentinel

Updates from the MT Laboratory Services Bureau  
11/18/09 <http://healthlab.hhs.mt.gov/>



From the department of  
Continuing Education and Training

## 2009 POL Flu Update: Utility of RIDTs for H1N1 & Seasonal Influenza

This program is available 24/7 FREE Register online at [www.nltn.org/210-09.htm](http://www.nltn.org/210-09.htm)

### Description

Are Rapid Influenza Diagnostic Tests (RIDTs) useful in diagnosing Influenza A (H1N1) and seasonal influenza? Access this important, free webcast at your convenience to learn the following information:

- Current status of 2009 influenza A (H1N1) and seasonal influenza activity
- CDC clinician guidance for patient care & diagnostic testing during the 2009-2010 influenza season
- Key factors that impact the sensitivity, specificity and predictive values of RIDTs.
- Salient features of **CDC Interim Guidance for Detection of Novel Influenza A Virus Using Rapid Diagnostic Tests and CDC Clinician Guidance for Patient Management**
- Clinician perspective of the value of RIDTs in patient management and guidance for their use

### Audience

This intermediate-level program is appropriate for clinicians, laboratory personnel and physicians from physician office laboratories and medical clinics.

### Speakers

- Dan Jernigen, MD, MPH (Centers for Disease Control and Prevention)
- Jonathan L. Temte, MD, PhD (Univ of Wisconsin School of Medicine and Public Health)
- Peter Shult, PhD (Wisconsin State Laboratory of Hygiene)

## Public Health Impacts of Wind Turbines

The Environmental Health Division of the Minnesota Department of Health completed a report earlier this year on the public health impacts of wind turbines.

The report concludes that the most common complaint in various studies of wind turbine effects on people is annoyance or an impact on quality of life. Sleeplessness and headache are the most common health complaints. The available evidence suggests that the reported health effects are related to audible low frequency noise.

To read the full report: *SEHD Weekly Update* – Nov 16, 2009 Association of State and Territorial Health Officials  
<http://www.health.state.mn.us/divs/eh/hazardous/topics/windturbines.pdf> More information at Montana Department of Environmental Equality  
<http://deq.mt.gov/energy/renewable/WindWeb/indexWindinMT.asp>



Kinderdijk, The Netherlands  
Photo: Kathy Martinka



Wind Power, Judith Gap, MT

## What's New with Eyewash Regulations?

The American National Standards Institute (ANSI) Z358.1 updates the standard every five years and an updated standard is due for revision this year. **New items currently under consideration include changes to water pattern requirements which will update the standard based on new systems in the market. Even though the standard is nonbinding, OSHA's first aid standard (29 CFR 1910.151) requires suitable facilities for quick drenching or flushing of the eyes where corrosives are housed.**

The ANSI Z358.1 requires the following:

- Weekly testing and activation
- Annual inspection
- Employee training on location and use
- Developing a response for accidents
- Tepid water temperatures 60 to 100 °F
- Installation of the eyewash within 100 ft. or 10 second walk of the identified hazard

Excerpt from *The Safety Lady Newsletter*,  
Nov 2009 [terryjo@safetylady.ccsend.com](mailto:terryjo@safetylady.ccsend.com)

## MT Communicable Disease Update as of 11/13/09

This newsletter is produced by the Montana Communicable Disease Epidemiology Program.  
Questions regarding its content should be directed to 406.444.0273 (24/7/365).  
<http://cdepi.hhs.mt.gov>

### **DISEASE INFORMATION**

**Summary – Week 44 – Ending 11/6/09** – Disease reports received at DPHHS during the reporting period November 1-6, 2009 included the following:

- Vaccine Preventable Diseases: Pertussis (2) *See Coughs information below!*
- Enteric Diseases: *Campylobacter* (1), Cryptosporidia (1), Giardia (1), *E. coli* 0157:H7 (1), *Salmonella* (1)
- Other Conditions: None
- Travel Related Conditions: None

*NOTE: The spreadsheets have multiple pages, each indicated by a tab in the bottom left corner. Tabs on the worksheet reflect the following: (1) vaccine preventable and enteric diseases YTD; (2) other communicable diseases; (3) cases just this week; (4) clusters and outbreaks; and (5) an STD summary.*

### **THE “BUZZ”**

#### **Influenza**

During week 44 (11/1/09 – 11/6/09), influenza activity remained high in the United States as reported in [FluView](#). Flu activity is widespread in 46 states. Nationally, visits to doctors for influenza-like illness declined slightly (6.7% as opposed to 7.7% last week), but are higher than normal for this time of year, while flu-related hospitalizations and deaths continue to climb. Almost all of the influenza [viruses](#) identified so far continue to be 2009 H1N1 influenza A viruses. These viruses remain similar to the virus chosen for the 2009 H1N1 vaccine, and remain susceptible to the antiviral drugs oseltamivir and zanamivir with rare exception.

Influenza is unpredictable; high levels of activity may continue for several weeks. Even after activity peaks, it's possible that other waves of influenza activity may occur – caused by either 2009 H1N1 viruses or regular seasonal flu viruses.

**NEW! Activity in Montana** – Activity in Montana continues at **WIDESPREAD**. The majority of influenza is 2009 H1N1 influenza A. **No other subtypes of influenza A are circulating at this time in Montana.** Anyone with a rapid test positive for influenza A can be assumed to have 2009 influenza A (H1N1). *Negative rapid tests for influenza A do not necessarily mean the person does not have influenza; sensitivity for these tests varies.* The percentage of visits due to influenza-like illness reported by sentinel providers has been dropping steadily; however, there are still locations in Montana that are reporting high levels of activity.

*Type B influenza was identified in Montana in early October. Please send specimens that are rapid test positive for influenza B to the Montana Public Health Laboratory for confirmation,* in order to assess the performance of rapid tests.

**IMPORTANT! Hospitalized/Death Reporting** - *Please report all laboratory confirmed (PCR, rapid test, viral culture positive) hospitalized cases and deaths due to all types of influenza to the local health department who will then report to the state. Period of interest: August 30, 2009 – present.*

	<u>Hospitalized</u>	<u>Deaths</u>	
Number	105	11	Information on laboratory confirmed hospitalized cases as of 11/13/09 (incomplete reporting)
Median Age	30	50	
Male %	30	64	

**UPDATE! MT Public Health Laboratory Testing** - The number of influenza PCR tests and the percent positivity has decreased. Updated information about influenza testing (instructions and volumes) in Montana can be found at: <http://www.dphhs.mt.gov/PHSD/Lab/enviro-lab-index.shtml>.

Questions about influenza testing? 406-444-5526 or 1-800-821-7284 and select extension 5526

**IMPORTANT! COUGHS – Pertussis vs Influenza** – It is sometimes difficult to distinguish between coughs caused by different pathogens – especially when influenza, other viral respiratory illnesses and pertussis are co-mingling. ***Anyone with a cough of >14 days duration, an inspiratory whoop and/or post-cough vomiting or breathlessness should be tested for pertussis.*** Ensure appropriate treatment of cases and prophylaxis for close contacts. Ensure that school aged children are up-to-date on their vaccinations (including Tdap for those 11 – 18) and that adults 19 – 64 are receiving the Tdap vaccine for tetanus boosters, as appropriate. (<http://www.cdc.gov/mmwr/PDF/rr/rr5517.pdf>) **Use the CDC Guidelines for the Control of Pertussis Outbreaks for case investigation and follow-up.** (<http://www.cdc.gov/vaccines/pubs/pertussis-guide/guide.htm>)

### **INFORMATION / ANNOUNCEMENTS**

**Farewell** (sniff, sniff) - Jessie Frazier, our extraordinary HIV/AIDS epidemiologist, is leaving the CDEpi program to take a position as an epidemiologist with the asthma and injury prevention programs in the Chronic Disease Bureau. Many thanks for her hard work with both the HIV/AIDS and STD programs. She will be missed by all of us! Please wish her good luck in her new endeavor! After November 19, please direct HIV/AIDS surveillance inquiries to 444-0273.

**Influenza New Guidance** (<http://www.cdc.gov/h1n1flu/whatsnew.htm>)

**NEW!** Interim Guidance: Considerations Regarding 2009 H1N1 Influenza in Intrapartum and Postpartum Hospital Settings (Overview Slides at <http://www.bt.cdc.gov/coca/callinfo.asp>)  
<http://www.cdc.gov/h1n1flu/guidance/obstetric.htm>

**NEW!** Information for Pregnant Women Working in Education, Child Care, and Health Care Settings  
<http://www.cdc.gov/h1n1flu/guidance/pregnant-hcw-educators.htm>

**NEW!** Letter to Providers Promoting PPSV for Adults  
<http://www.cdc.gov/h1n1flu/vaccination/provider/lettertoprovider.htm>

**NEW!** 2009 H1N1 Flu Information for People with Disabilities and Their Caregivers or Personal Assistants  
<http://www.cdc.gov/h1n1flu/disabilities/>

### **Use of Influenza Antiviral Medication for 2009 H1N1 Infections**

November Issue of Montana Public Health

([http://www.dphhs.mt.gov/PHSD/prevention\\_opps/pdf/MPHNov09.pdf](http://www.dphhs.mt.gov/PHSD/prevention_opps/pdf/MPHNov09.pdf))